

CAMPER REGISTRATION, page 2: Health Form

Please PRINT. Circle appropriate answers in bold. Mark "see attached" box if including additional pages.

Do not write in this space

Camper Name:



Weight: _____ Age: _____ Birth Date (month/day/year): _____

Physician / Clinic: _____ Phone: _____

Health Insurance: _____ Policyholder: _____ Policy # _____

Date last tetanus booster: _____ Other immunizations current? YES NO - explain: _____ see attached

Childhood diseases that camper has already had: none chicken pox mumps measles rubella (German or 3 day)

MEDICATIONS

PLEASE NOTE: All medications, including over-the-counter, must be turned into medical staff at check-in. Notify staff if camper carries Epi-pen, inhaler, etc. Medication that is expired or not in original container with legible directions may not be distributed by camp medical staff. Doses exceeding package or prescription instructions require signed doctor's order for camp medical staff to follow.

1. MEDICATIONS or treatments during camp? NO YES - list: see attached

Medication / Treatment _____ Reason _____ Dose / Strength _____

Instructions _____

Medication / Treatment _____ Reason _____ Dose / Strength _____

Instructions _____

HEALTH INFORMATION

2. ALLERGIES? NO YES - list allergies and explain. Include how camper manages and how camp staff may need to assist camper. see attached

Allergic to _____ Reaction _____

Treatment instructions _____

Allergic to _____ Reaction _____

Treatment instructions _____

3. SPECIAL DIET or related needs? NO YES - list diet/needs. Explain how camper manages and how camp staff may need to assist camper. see attached

4. CHRONIC ILLNESS or condition? NO YES - describe and explain how camper manages and how camp staff may need to assist camper. see attached

5. OTHER needs, limitations, concerns or information (including sleepwalking or night time needs) that we should know? NO YES - explain or describe, including how camper manages and how camp staff may need to assist camper. see attached

PARENT / GUARDIAN AUTHORIZATION

I, _____, the Parent or Legal Guardian of _____
(PRINT NAME OF PARENT OR LEGAL GUARDIAN) (PRINT NAME OF CAMPER)

have read, understand and insofar as I know have accurately completed this Camper Registration/Health Form to reflect my child's current health status. I understand my child's information will be shared on a "need to know" basis with camp staff. I give permission for my child to participate in all camp activities except as noted by me. I give permission for Camp to provide or obtain emergency first aid treatment and to oversee, distribute and/or administer medications as it deems necessary for my child, including medications sent with my child, any ordered by emergency/clinic provider, and any nonprescription medications available at camp (per package instructions). I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician, to safeguard my child's health, and I cannot be contacted. I waive my right of informed consent to such treatment. Camp has permission to share my child's health information with EMS (9-1-1) personnel, hospital or clinic when deemed necessary for my child's health and well-being. These providers likewise have permission to speak with Camp regarding my child's health status and to provide Camp with verbal or written information and/or forms (e.g. visit discharge instructions) as needed for follow-up care. I give permission to copy my child's forms as needed for camp medical records. For promotional purposes, video and/or photography will be taken during camp. My signature below constitutes my permission for InFaith to use event pictures which include my child for such things as missionary newsletters, the Olympic Bible Camp website and other event or ministry promotional purposes, with the understanding that only first names may be used in picture captions.

Parent / Legal Guardian signature: X _____ Date: _____